



Department of Permitting Services
Division of Building Construction
255 Rockville Pike, 2nd Floor
Rockville, MD 20850-4166
Phone: 311 in Montgomery County or (240) 777-0311
Fax (240)-777-6262
<http://www.montgomerycountymd.gov/permittingservices>



Application for Commercial Green Building Registration

Green Building (USGBC) Reg# _____ MNCPPC Preliminary/Site Plan# _____

A. Purpose

DESCRIPTION OF WORK: (check all that apply)

- ☐ ADDITION
☐ ALTERATION
☐ CONSTRUCT

Gross Sq. Ft. of Area Created or
Affected by this Action: _____

Disturbed Land Area: _____

Estimated Project
Cost: \$ _____

USGBC RATING V2.2

- ☐ Certified 26-32 points
☐ Silver 33-38 points
☐ Gold 39-51 points
☐ Platinum 52-69 points

OTHERS

USE OF BUILDING OR SPACE:

- | | |
|---|--|
| <input type="checkbox"/> ASSEMBLY | <input type="checkbox"/> BANK |
| <input type="checkbox"/> BIOSCIENCE | <input type="checkbox"/> BUSINESS OFFICES |
| <input type="checkbox"/> BOARDING HOUSE | <input type="checkbox"/> DAY CARE FACILITY |
| <input type="checkbox"/> EDUCATIONAL | <input type="checkbox"/> FENCE* |
| <input type="checkbox"/> GARAGE | <input type="checkbox"/> HOSPITAL |
| <input type="checkbox"/> HOTEL | <input type="checkbox"/> INDUSTRIAL |
| <input type="checkbox"/> INSTITUTION | <input type="checkbox"/> MERCANTILE |
| <input type="checkbox"/> MULTI-FAMILY SENIOR ** | <input type="checkbox"/> MULTI-FAMILY ** |

**Note # OF UNITS _____

- ☐ PLACE OF WORSHIP
☐ POST OFFICE
☐ RESTAURANT
☐ STORAGE
☐ THEATER
☐ OTHER USE: _____

B. Building Address

Street
Number _____ Street _____ City _____ Zip _____

Lot(s) _____ Block _____ Subdivision _____

Floor/Suite # _____ Nearest Cross Street _____

C. Applicant Information

MD License#: _____ Expiration date _____

Fax #: _____ Email: _____

Name of Applicant _____ Daytime Phone #: _____
(Registered Design Professional)

Address _____ City _____ State _____ Zip _____

D. Point of Contact (If other than applicant)

Contact ID#: _____ Fax #: _____ Email: _____

Contact Person _____ Daytime Phone #: _____

Address _____ City _____ State _____ Zip _____

E. Green Building Concept Plan Submitted?

- ☐ YES ☐ NO

SUBMITTAL DATE _____

AGENCY ☐ USGBC ☐ DPS ☐ OTHER

SIGNATURE (Registered Design Professional) _____